

29 Jan 2013

DENTAL EDUCATION APPLICATION BRIEF SHEET		
INSTRUCTIONS		
1. Complete all applicable entries. 2. Follow current BUMEDNOTE 1520. 3. Forward this brief sheet to: Navy Medicine Professional Development Center (NAVMED PDC) Dental Corps Programs Officer, Code 1WPGDC, Bldg 1, 16 <sup>th</sup> Floor, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611. 4. Questions please call: (301) 295-0650 or DSN 295-0650.		
Name (Last, First, MI)	Grade	Designator
Current Duty Station Address or School Address		
Duty Station Telephone Number (DSN and commercial)	Home Telephone	Home E-mail Address
Date of Rank	PRD / Dental School Graduation Date	
Years Active Duty	Years Navy Dental Officer (do not include scholarship time)	
Total years of operational or foreign shores duty as dental officer	If notified of PCS orders – to where?	
Dates and location of duty stations:		
First choice for training	Second choice for training	
As appropriate, fill in the following. I completed:		
HPSP/HSCP (provide start date and end date)		
AEGD/GPR (provide date completed and program location)		
Civilian postdoctoral fellowship (provide date completed and program location)		
Navy ACP (provide date completed and program location)		
Navy residency program (provide date completed and program location)		
Civilian residency/post-residency fellowship (provide date completed and program location)		
I have requested letters of evaluation from: (maximum 3)		
I have requested transcripts from: (include all pre-dental, dental and other significant education)		

Demographic Information Request		
<p>Please complete the following by selecting the correct information. Completion of this information is voluntary and will not affect your request for training.</p>		
<p>Age: <input type="checkbox"/> 20-25    <input type="checkbox"/> 26-30    <input type="checkbox"/> 31-35    <input type="checkbox"/> 36-40    <input type="checkbox"/> 41-45    <input type="checkbox"/> 46-50    <input type="checkbox"/> 51+</p>		
<p>Gender: <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>		
<p>Ethnic Group: <input type="checkbox"/> American Indian    <input type="checkbox"/> Asian    <input type="checkbox"/> African American    <input type="checkbox"/> Caucasian <input type="checkbox"/> Filipino    <input type="checkbox"/> Hispanic    <input type="checkbox"/> Other</p>		
<p>Privacy Act Statement</p> <p>Authority to request this information is contained in 5 USC 301 and 10 USC 5013. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration and for planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.</p>		
Name (Last, First, MI)	Grade	Date
Signature		